

## Outdoor Adventure

Join the FUN outdoor activities!  
Experience hiking, biking, and MORE!!

**This program runs 9-13 July, 0830-1630**



### Water Fun

Have FUN, get wet and enjoy summer!  
Participants will play water games, enjoy our pool  
and work on team challenges!  
Do not forget to bring your swimsuit and a towel.

**This program runs 0830-1630 from  
16-20 July and/or  
13-17 August**

### Sports



Learn the fundamentals of various sports!  
From bowling to basketball to soccer all participants will  
enjoy different drills and games!  
In order to participate all you need is a pair running  
shoes!

**This program runs 23-27 July, 0830-1630**

## Nature Exploration

Join the FUN outdoor activities!  
Experience hiking, biking, rock climbing and MORE!!

**This program runs 9-13 July, 0830-1630**



- **Registration runs 4-22 June at the Recreation Center, DSN 2406. Hours of operation are Mon.-Sat. 1300-2100 and Sun. & Holiday's 1200-2000.**
- **Permission slip required for every recreation week.**
- **Participation ages will be 7-15 yrs. old.**
- **Minimum of 5 participants and a maximum of 14 participants.**
- **Cost per participant for the entire week of 40 hrs. of staffed recreation will be \$65.00.**
- **Participants must bring appropriate attire, snack, lunch, bottled water, swim suit, cap, and sun block.**
- **Drop off and pick up point will be the Sports Center.**

**Please call the Recreation Center at  
DSN 2406 for more information.**

**PARTICIPANT PERMISSION SLIP**

My son/daughter

(last) \_\_\_\_\_ (first) \_\_\_\_\_ age \_\_\_\_\_

Has my permission to participate in the \_\_\_\_\_,

which will take place between \_\_\_\_\_.

I hereby release Fort Hunter Liggett MWR and all of its agents from financial liability for injury, and/or damage sustained by my child in connection with this activity. In the event of injury or illness arising during this activity, I hereby authorize the chaperone of the group to take my child to a medical facility.

My son/ daughter will comply with the rules governing the MWR camp rules will take the consequences if these rules are broken by him/her.

Please list all medical concerns or allergies (N/A if applies):

\_\_\_\_\_  
\_\_\_\_\_

Physical Address:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Telephone # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

Emergency # \_\_\_\_\_

\_\_\_\_\_  
Parent Signature                      Date

Amount paid: \$ \_\_\_\_\_                      Staff: \_\_\_\_\_



***MWR  
Ft. Hunter Liggett, CA***

